

## DEPARTMENT OF

## PUBLIC HEALTH AND HUMAN SERVICES

Exhibit No. 1Date 3-9-07Bill No. HB 117JOAN MILES  
DIRECTORBRIAN SCHWEITZER  
GOVERNOR

## STATE OF MONTANA

www.dphhs.mt.gov

## DPHHS Testimony on HB 117 for Newborn Hearing Screening

Mr. Chairman and members of the committee, I am Jo Ann Dotson, a nurse at the state health department and chief of the Family and Community Health Bureau. We provide services and programs for infants, children, women and their families. We presently oversee and administer the voluntary newborn hearing screening program here in the state.

On behalf of the Department of Public Health and Human Services, I encourage you to pass HB 117. Early identification and intervention is critical to the development of language and participation in life to a person's full potential. The national health standard adopted by the department is the "1-3-6" standards, which means that babies should get screened by one month of age, diagnosed by three months, and have interventions in place by six months of age. This standard maximizes the chances for a normal life for our babies born deaf or hard of hearing. In a hearing earlier today, we heard testimony from three families who's children weren't diagnosed with a hearing problem until 2 years of age. In some cases, children may go even longer without a diagnosis, meaning they miss the opportunity to integrate sound during early brain development.

HB 117 sets the parameters for partnerships with: our birthing hospitals, birthing centers, and midwives to ensure newborn screening opportunities for all babies; and with audiologists who provide the assessments that will determine the nature of the needed intervention. The department will do all it can to identify resources to support those partnerships for the benefit of Montana's babies. Our program will continue to work in cooperation with the Montana School for the Deaf and Blind to ensure early electronic referral for intervention based on the information provided by our state's audiologists.

**Action:** (S) Hearing**Date:** 03/09/2007**Hearing Room:** 317B**Hearing Time:** 3 PM**Committee:** (S) Public Health, Welfare and Safety

**CONGRATULATIONS  
TO  
THE STARS!!!**

**Montana's Hospitals  
with the Highest Percents of Newborn Hearing  
Screening Completed and Reported in 2005**

**Hospitals (14) with less than 100 births per year**

**Big Horn County Hospital in Hardin  
Liberty County Hospital in Chester  
Marias Medical Center in Shelby  
Sheridan Memorial Hospital in Plentywood**

**Hospitals (9) with 100 to 200 births per year**

**Frances Mahon Deaconess Hospital in Glasgow and  
St Luke Community Hospital in Ronan**

**Hospitals (4) with 200 to 500 births per year**

**Crow Agency PHS Hospital**

**Hospitals (3) with 500 to 1,000 births per year**

**Kalispell Regional Medical Center**

**Hospitals (4) with More than 1,000 births per year**

**Benefis Health Care in Great Falls  
Community Medical Center in Missoula,  
and St Vincent Healthcare in Billings**

# NEWBORN HEARING SCREENING

## Rank Order of Birthing Facilities, Calendar 2005

(Birth Certificates as Denominator)

January, 2007

(Birth Certificates as Denominator) January, 2007		Total Infants born in 2005	Total Infants Born in MT	Counting BC	FINAL 2005 Rank Order
(Last Year for inclusion of DUPLICATES, Non-MT births)		reported in HI*TRACK	Hospitals From Birth Certificates	Net Pop Percent Completed * Screening	
Facility		by BF's			
Less than 100 births/year (16 hospitals):					
Marias Medical Center (Shelby)	32	29	103.45%	tie for 1st	
Big Horn County Memorial Hospital (Hardin)	24	24	100.00%	tie for 1st	
Liberty County Hospital (Chester)	13	13	100.00%	tie for 1st	
Sheridan Memorial Hospital (Plentywood)	15	15	100.00%	tie for 1st	
Clark Fork Valley Hospital (Plains)	33	35	94.29%	2nd	
Central Montana Medical Center (Lewistown)	83	84	91.67%	tie for 3rd	
Northern Rockies Medical Center (Cut Bank)	37	36	91.67%	tie for 3rd	
Pondera Medical Center (Conrad)	50	50	90.00%	4th	
Community Hospital of Anaconda	42	41	85.37%	5th	
Glendive Medical Center	78	78	84.62%	6th	
Powell County Memorial Hospital (Deer Lodge)	18	18	83.33%	7th	
Barrett Hospital & Healthcare (Dillon)	69	86	80.23%	8th	
Beartooth Hospital & Health Center (Red Lodge)	0	3	0.00%	tie for last	
Mineral County Hospital (Superior)	0	1	0.00%	tie for last	
Poplar Community Hospital	0	2	0.00%	tie for last	
Roosevelt Memorial Hospital (Culbertson)	0	1	0.00%	tie for last	
	494	516			
100 to 200 births/year (10 hospitals) :					
Frances Mahon Deaconess Hospital (Glasgow)	167	166	100.00%	tie for 1st	
St Luke Community Hospital (Ronan)	149	146	100.00%	tie for 1st	
Crow Agency (PHS Indian Hospital) **	166	168	97.02%	2nd	
Marcus Daly Memorial Hospital (Hamilton)	189	196	96.43%	3rd	
Livingston Memorial Hospital	162	163	90.74%	4th	
Blackfeet Service Unit (Browning)	186	184	90.71%	5th	
NE Montana Health Services, Inc. (Wolf Point)	104	103	87.25%	6th	
St John's Lutheran Hospital (Libby)	68	100	68.00%	7th	
Sidney Health Center	32	103	29.41%	8th	
St Joseph Hospital (Polson)	20	124	16.13%	last	
	1243	1453			
200 to 500 births/year (4 hospitals):					
Northern Montana Hospital (Havre)	337	359	93.31%	1st	
St James Healthcare (Butte)	404	436	90.37%	2nd	
Holy Rosary Health Center (Miles City)	229	253	86.56%	3rd	
North Valley Hospital (Whitefish)	204	250	78.69%	4th	
	1174	1298			
500 to 1000 births/year (2 hospitals):					
Kalispell Regional Medical Center	842	830	100.48%	1st	
St Peter's Hospital (Helena)	571	718	74.23%	2nd	
	1413	1548			
More than 1000 births/year (5 hospitals):					
Benefis Health Care (Great Falls)	1407	1361	102.06%	Tie for 1st	
Community Medical Center, Inc. (Missoula)	1633	1594	101.63%	Tie for 1st	
St Vincent Healthcare (Billings)	1282	1269	100.95%	Tie for 1st	
Deaconess Billings Clinic	1128	1171	96.41%	2nd	
Bozeman Deaconess Hospital	957	1050	89.16%	last	
	6407	6445			
Grand Totals	10731	11260			

\* The number of babies for whom screening has been COMPLETED is calculated as follows:

(Number passing inpatient or outpatient screening or referred when not passing screening)-(deaths and refusals)

Number of babies with birth certificates born in hospital minus deaths and refusals

\*\* The Billings Area Indian Health Service Audiologist covers Crow Agency, Harlem and Lame Deer PHS Hospitals

Testimony in support of HB 117 – March 9, 2007

Written testimony:

Wendy Williams, parent of deaf child

Mr. and Mrs. James V. Hohn, Jr, Jefferson City, parents of deaf child

Laura Nicholson, MD, AAP Chapter Champion for Montana's Newborn Hearing Program

Steve Gettel, Superintendent of Montana School for the Deaf and Blind

Laurie Glover, APRN, FNP, Great Falls

Virginia Paulson, MS. Speech Pathologist

Kathy Johnson, Audiologist, Montana School for the Deaf and Blind

Testimony

Sandy McGennis, Outreach Consultant, Montana School for the Deaf and Blind

Casey Blumenthal or alternate from the Montana Hospital Association

**Clack, Sib**

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**From:** Tawewilliams@aol.com  
**Sent:** Thursday, March 08, 2007 7:59 PM  
**To:** Clack, Sib  
**Subject:** Re: Prep for tomorrow  
**Attachments:** House Bill 117Newborn Hearing Screening.doc

Sib

I am unable to attend tomorrow. Attached is my testimony if you need it. Thanks for all you are doing.  
Wendy Williams

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3/9/2007

My name is Wendy Williams and my husband Tal and I are the parents of two young sons ages 8 and 11. Both our boys are severely hearing impaired. However, their stories differ significantly due to early detection in our younger son. Our oldest son Jace was born in 1995 and we noted at around age two that he was not talking, not developing in speech and language like his peers were, and he had significant behavioral issues. I suspected a hearing loss and proceeded on my own to have his hearing tested. After several months of diagnostic testing he was diagnosed with a severe bilateral hearing impairment and he was fitted for hearing aids at age 2 ½. By this time he had missed those critical 2 ½ years of language being imprinted on his brain, which meant he was significantly delayed in his receptive and expressive speech (meaning what he understood and what he could express). Intensive speech therapy was then required at two times per week. There I would learn sign language and then teach it to him at home. We also had constant meetings with Family Outreach and the Montana School for Deaf and Blind on how to handle and parent and discipline a child who we could not communicate with. **Every day** was a major battle just to do activities of daily living such as dressing, bathing, feeding, putting him to bed, and getting him into a car seat, etc. etc. He didn't understand what we were doing with him and he was terrified which prompted him to act out aggressively. Progress was slow but eventually Jace became more and more able to communicate verbally and through sign language, rather than being physically aggressive to get what he needed or wanted. It was during this time that I found out I was pregnant with our second son, Witt (because I felt that I apparently hadn't dug a deep enough hole for myself'.)

However, when Witt was one day old I requested a neurological hearing test be done on him. So we knew **before we left the hospital** that he was also hearing impaired. He then had further testing, but he was fitted for his hearing aids **at 10 weeks of age**. This was followed by speech therapy at 10-months of age **and only at once or twice a month, not twice a week like his brother**. He therefore also never experienced **any** of the anger and frustrations of being locked inside his little body and being unable to communicate like his older brother did. This as you can understand makes life at home much more pleasant for everyone. If we had had newborn screening on Jace, there would have been a huge emotional and financial savings to my family and to our insurance company. I have seen with my own eyes and pocket book the cost savings to early detection verses playing catch up.

My sons are now in the 2<sup>nd</sup> and 5<sup>th</sup> grades and are main streamed in school and are both extremely verbal now, but I can still see the learning advantage one son has over the other thanks to early intervention. I urge you to consider making universal newborn hearing screening mandatory. It will be a cost savings to everyone. Thank you.

Wendy Williams

Mr. and Mrs. James Hohn, Jr.  
PO Box 237 #1 Tizer Lake Road  
Jefferson City, Montana 59638

January 12, 2007

Re: House Bill #117 "An act requiring newborn hearing screenings and education"

Dear Chairman and members of the Committee:

Unfortunately, we were unable to attend this hearing in person but we would like to express our support for this bill. Our three year old daughter, Mary, was born with moderate to severe hearing loss. Fortunately, her loss was suspected within a week of her birth due to the newborn hearing screening available at our local hospital. Her loss was confirmed by an audiologist less than a month after her birth and we were able to find supportive services and information to determine the treatment options available.

We were told that Mary would require hearing aids in order to be able to comprehend the sounds, speech, and music in her environment and would also require intensive speech therapy in order to learn to speak in any comprehensible and meaningful way. Because of her type of hearing loss, it was vital that she begin using hearing aids as soon as possible in order for the auditory receptors in her brain to develop normally. There is a short time period when the auditory centers must hear speech sounds or that ability may be lost.

Unfortunately, we learned that many children are not identified as deaf or hard of hearing until they reach 3 or 4 years of age or later—by then the ability to learn language is impaired, perhaps for life. There is a good chance that Mary will eventually lose more or all of her hearing as she grows older. Identifying her hearing loss at birth was paramount for her—she will at least have heard speech, music, and noises. It is vitally important for all children to receive whatever audiology, speech, and deaf/hard of hearing education as early as possible so that they may become happy, productive members of society. It is a travesty that all of Montana's children are not screened at birth for hearing loss—the costs in terms of money, time, and frustration only increase the longer the deficits go undiagnosed.

Mary's quality of life, her safety, her ability to receive an education, and her success and confidence in a hearing world would have been very impaired had she not received the help she needed as soon as she did. She is now a vivacious, intelligent, little girl who has her whole life in front of her—we would like to be able to ensure that all children born in the State of Montana have the same options as Mary.

Respectfully,

Mr. and Mrs. James V. Hohn, Jr.

Children's  
CLINIC



Sib

Gordon C. Collett, M.D., FAAP  
Marian E. Kummer, M.D., FAAP  
Janis I. Langohr, M.D., FAAP  
Laura R. Nicholson, M.D., FAAP  
David D. Standish, M.D., FAAP  
Richard C. Stevens, M.D., FAAP  
Lionel E. Tapia, M.D., FAAP

FAX TO FOLLOW THIS PAGE

Number of pages to follow 1

Person/Department to whom  
This fax is addressed

Ann Dotson

Sent by:

Children's Clinic  
Laura Nicholson MD

Date:

Jan 16, 2007

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Children's Clinic  
1232 North 30<sup>th</sup> Street  
Billings, MT 59101  
January 16, 2007

Dear Committee:

I am writing to urge you to fund the Montana State Hearing Conservation program.

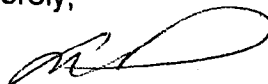
Montana State has made a great effort to screen children for birth defects and diseases. Hearing loss is the most frequent birth defect found by our screening. In Montana approximately thirteen newborns are identified each year with significant hearing loss.

Although the children's hearing loss is generally permanent, the disability that results from the hearing loss is preventable. Without early intervention, children with hearing loss will be language delayed. They will need many years of speech therapy and special education, and are at higher risk of a permanent language disability. In contrast, early intervention for hearing loss is very cost effective: resulting in a child with good language – who will need less speech therapy and special education.

Unfortunately, INTERVENTION FOR HEARING LOSS MUST BEGIN EARLY – AT LEAST BY SIX MONTHS OF AGE – to avoid permanent language impairment. In order to intervene this early, children must be screened at birth and we need to have a good program to follow-up and insure that the children receive the services needed.

Please continue to fund this essential program to prevent disabilities among Montana's hearing impaired children.

Sincerely,



Laura Nicholson, MD  
Developmental and Behavioral Pediatrician  
Hearing Champion, Montana Chapter of the  
American Academy of Pediatrics

March 7, 2007

To: Senate Public health, Welfare, and Safety Committee Members  
From: Laurie Glover, Great Falls

Re: HB 117

As a public health nurse practitioner, nurse educator, and former nurse at Montana School for the Deaf and the Blind, I am writing in favor of HB 117, the bill that makes newborn hearing screenings mandatory. I saw the effects on children and their families when hearing loss was not identified until later in childhood or in their teens. Children fell behind in their language acquisition, development, and formal education. This often resulted in adjustment problems with their peers, anxiety, and depression.

Providing hearing screenings to all Montana newborns will meet the needs of children who do not receive regular well-child check-ups due to healthcare system gaps or family circumstances. Infants and children are dependent on others for their healthcare. Thus, they are vulnerable. We can help ensure that deafness or partial deafness is not left to be identified at kindergarten entry, long after children learn much of their language.

When children with developmental delays are identified very early in infancy, interventions can enhance a child's success, as well as the family's adjustment and coping. Long-term, the children with early intervention are more likely to be productive members of Montana society. The intention of HB 117 is truly an illustration of the motto "No Child Left Behind".

Thank you for your consideration and work on this issue.

Laurie Glover, MN, APRN, FNP  
1318 16<sup>th</sup> St. So.  
Great Falls, MT 59405

406-761-1309

Testimony in Support of HB117: An Act Requiring Newborn Hearing Screening and Education

Proponent:

Kathleen A. Johnson, M.S.

Audiologist, Montana School for the Deaf and the Blind

3911 Central Avenue

Great Falls, MT 59405

406-771-6027

[kjohnson@msdb.mt.gov](mailto:kjohnson@msdb.mt.gov)

Chairman and Members of the Committee:

My name is Kathy Johnson, and I have been the audiologist at the Montana School for the Deaf and the Blind for 27 years.

Without a doubt, the most exciting technological advance that has happened during my career has been the ability to screen newborn babies for hearing loss.

Prior to this development, most children with a significant hearing loss were not identified until they were between 2 and 3 years old. These first years are prime language development time in their brain, and what we know now is that you can't make up for this time.

Due to the advent of Newborn Hearing Screening programs and equipment, we can now identify many of these children before they leave the hospital, and can thus get started on amplification, speech, language and sign language development very early. This can mean that hearing impaired children have the opportunity to develop to their highest potential. It also means that the family can have the help that they need to work with their child.

Family support is critical, as most deaf children are born to two hearing parents, who may have never even seen a deaf person before. They need help in learning how to work with their child, make decisions about amplification or a cochlear implant, how to teach their baby to speak and communicate, etc.

The Montana School for the Deaf and the Blind is charged with helping families cope with a hearing impaired child and to provide outreach services to the child and their family.

It is critical, therefore, that the Newborn Hearing Screenings take place at the birthing facility and that the results are recorded and disseminated appropriately. Many babies do not pass on the first test for a variety of reasons, but need follow-up care and then a re-screen.

Page 2

Montana can be rightfully proud that more than 98% of the babies born in hospitals are screened for hearing loss. We do need to be sure that those babies who fail the screening receive the appropriate follow-up care and evaluations and that the reporting reaches the correct people to ensure that none of these babies "fall through the cracks".

I feel that this bill will go a long way to address these concerns and urge you to support it.

Thank you very much,

Kathy Johnson

# OFFICIAL MEDICAL RECORD

## BABY HEARING TEST

Your baby, \_\_\_\_\_, born \_\_\_\_\_,  
(name) (birthdate)  
received a hearing test on \_\_\_\_\_ at \_\_\_\_\_  
(date) (hospital/clinic)  
using the following equipment: \_\_\_\_\_

The results were: Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_

Recommendations: \_\_\_\_\_



Be sure to keep test results with your baby's permanent records.



## WHY TESTING YOUR BABY'S HEARING IS SO IMPORTANT

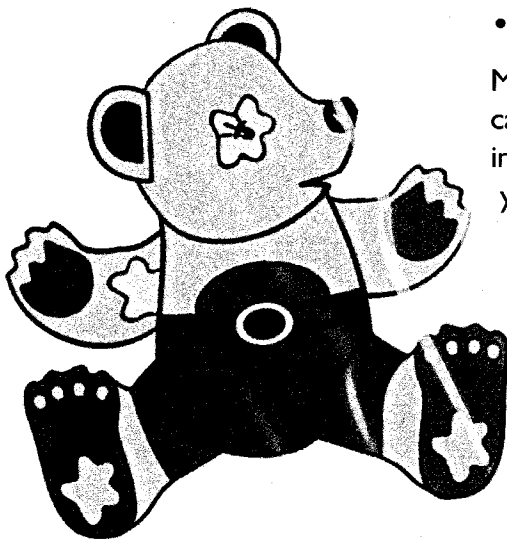
All infants should receive a hearing test within a few days of birth. If hearing is a problem, it should be addressed immediately. Some babies with normal hearing at birth, experience hearing loss during their first crucial months of life.



## WHAT CAUSES INFANT HEARING LOSS?

Babies frequently acquire hearing loss after birth through:

- Childhood diseases such as measles, mumps and meningitis.
- A family history of childhood hearing loss.
- Multiple ear infections.



Middle ear infection and fluid retention is the most common cause of infant hearing loss. If your baby has three or more ear infections, or if your little one's hearing comes and goes, see your physician, pediatrician or audiologist immediately. If further hearing testing is recommended, it is essential to follow through. Hearing loss can delay speech and language development—so important during a baby's early years. The good news is—for many babies, prompt testing and treatment brings back a whole world of sound.

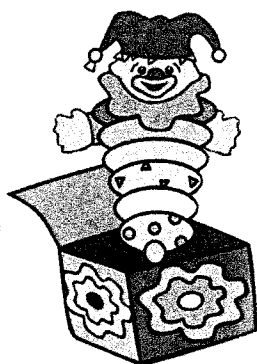
**See how your baby develops—  
the milestones on the back will help you  
keep track.**



**Family and Community  
Health Bureau  
Newborn Screening Program**

406-444-1216

**LANGUAGE AND HEARING DEVELOPMENT MILESTONES**

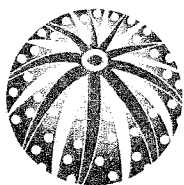


**Birth - 3 Months**

- Startled by loud noises
- Soothed by familiar voices
- Makes vowel sounds—ooh, ahh
- Squeals, coos, laughs, gurgles

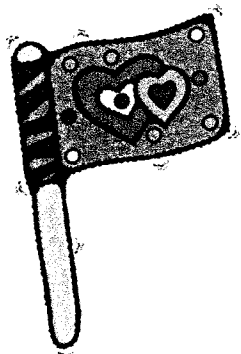
**3 - 6 Months**

- Makes a variety of sounds such as “ba-ba,” “gaba,” “ma”
- Seems to enjoy babbling
- Uses a variety of pitches
- Likes sound-making toys
- Turns eyes and head to sounds, including your voice



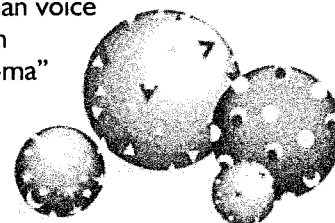
**6 - 9 Months**

- Responds to her or his own name
- Imitates speech by making non-speech sounds: coughing, clicking tongue, smacking lips
- Plays with sound through repetition: “la-la-la”
- Understands “no” and “bye-bye”
- Says “da-da” or “ma-ma”
- Listens to music or singing



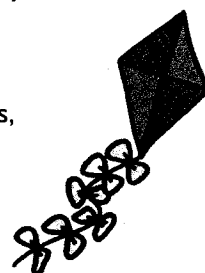
**9 - 12 Months**

- Responds differently to happy or angry talking
- Turns head toward loud or soft sounds
- Jabbers in response to human voice
- Uses two or three words in addition to “da-da” or “ma-ma”
- Gives toys when asked
- Stops in response to “no”
- Follows simple directions



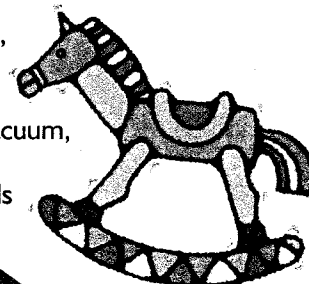
**12 - 18 Months**

- Identifies people, body parts and toys on request
- Locates sounds in all directions
- Names what she or he wants
- Talks in what sounds like sentences, with few understandable words
- Gestures with speech
- Bounces to music
- Repeats some words you say



**18 - 24 Months**

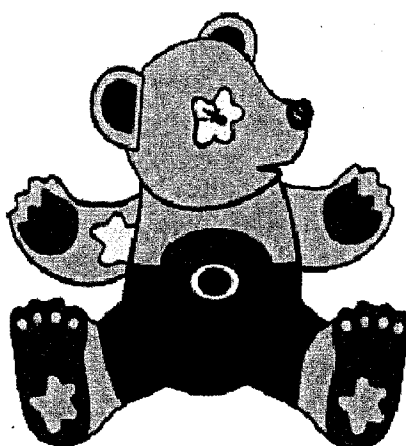
- Follows simple commands
- Speaks in two-word phrases, somewhat understandable
- Recognizes sounds in the environment—cars, dogs, vacuum, doorbell
- Has a vocabulary of 20 words or more



**If your baby does not do some of these things at the age indicated, see your physician immediately. Early detection of any acquired hearing loss can make all the difference for a happy, healthy baby. It is important, when holding your infant, to keep eye contact and keep talking to them whether they have a hearing loss or not.**



## **UNIVERSAL NEWBORN HEARING SCREENING PROGRAM**



Family and Community Health Bureau  
P.O. Box 202951  
Helena, MT 59620

406/444-1216

**Some things a baby with normal hearing should be able to do:**

### **Birth to 3 Months of Age**

- Blinks or jumps when there is a sudden, loud sound
- Quiets or smiles when spoken to
- Makes sounds like "ohh," "ahh"

### **3 to 6 Months of Age**

- Looks for sounds with eyes
- Starts babbling ("baba," "mama," "gaga")
- Uses many sounds, squeals, and chuckles

### **6 to 9 Months of Age**

- Turns head toward loud sounds
- Understands "no-no" or "bye-bye"
- Babbles, for example "baba," "mama," "gaga"

### **9 to 12 Months of Age**

- Repeats simple words and sounds you make
- Correctly uses "mama" or "dada"
- Responds to singing or music
- Points to favorite toys and objects when asked

If you have questions about your baby's hearing or this list, talk with your baby's health professional.

### **Where else can I get information?**

- Visit [www.babyhearing.org](http://www.babyhearing.org)

600 copies of this public document were published at an estimated cost of \$.10 per copy, for a total cost of \$60.00, which includes \$60.00 for printing and \$0.00 for distribution.

This brochure was paid for from Montana's HRSA



## **Your Baby Needs Another Hearing Test**





## Why does my baby need another hearing test?

- Some babies may need another test because:
  - *fluid in the ear*
  - *noise in the testing room*
  - *baby was moving a lot*
  - *baby has hearing loss*
- Most babies who need another test have normal hearing. Some will have hearing loss.

## Why is it important to have another hearing test as soon as possible?

- Testing is the only way to know if a baby has a hearing loss.
- The earlier a hearing loss is found, the better it is for a baby.
- If your baby has a hearing loss, there are many ways we can help your baby.

*Finding hearing loss early can make a big difference in your baby's life.*



## What will happen during my visit?

- A hearing specialist (an audiologist) will test your baby and tell you the results or tell you if more tests are needed.
- The test is safe and painless.
- A few babies will need a more complete set of hearing tests, so you may be asked to bring your baby back.
- If your baby needs more testing, get it done as soon as possible, and by no later than 3 months of age.

## Can a newborn baby pass the hearing test and still have hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of:
  - *some illnesses*
  - *some medicines*
  - *some injuries*
  - *a family history of hearing loss*
- Watch for signs of hearing loss as your baby grows.
- Use the list on the back cover as a guide.
- If you have questions about your baby's hearing, talk to your baby's health professional.

*An appointment has been made for your baby's next hearing test:*

Your Baby's Name \_\_\_\_\_

Audiologist's Name \_\_\_\_\_

Time and Date \_\_\_\_\_

Place \_\_\_\_\_

Phone Number \_\_\_\_\_

*Please call if you need to reschedule.*

Some things a baby with normal hearing should be able to do:

### Birth to 3 Months of Age

- Blinks or jumps when there is a sudden, loud sound
- Quiets or smiles when spoken to
- Makes sounds like "ohh," "ahh"

### 3 to 6 Months of Age

- Looks for sounds with eyes
- Starts babbling ("baba," "mama," "gaga")
- Uses many sounds, squeals, and chuckles

### 6 to 9 Months of Age

- Turns head toward loud sounds
- Understands "no-no" or "bye-bye"
- Babbles, for example "baba," "mama," "gaga"

### 9 to 12 Months of Age

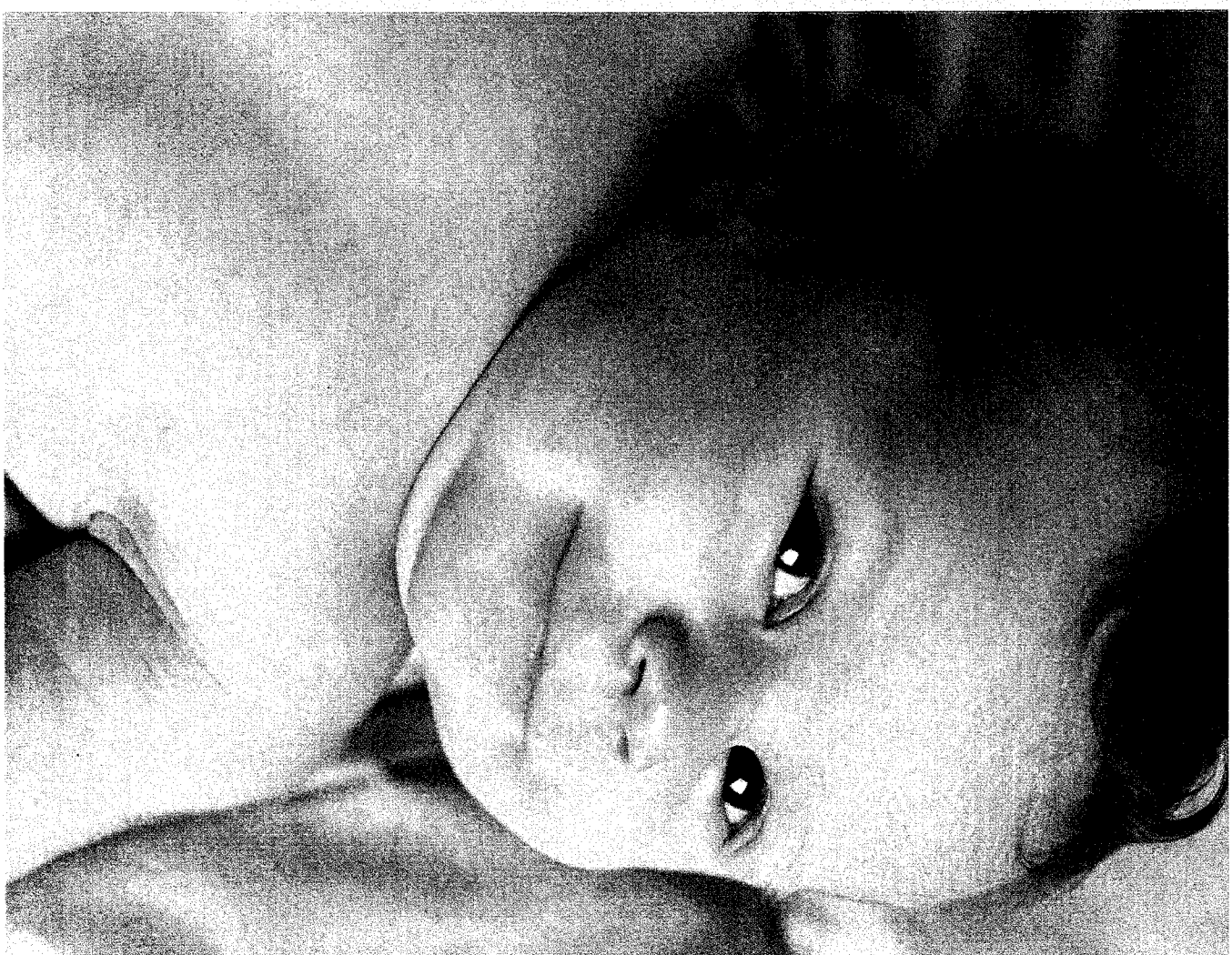
- Repeats simple words and sounds you make
- Correctly uses "mama" or "dada"
- Responds to singing or music
- Points to favorite toys and objects when asked

If you have questions about your baby's hearing or this list, talk with your baby's health professional.

### Where else can I get information?

- Visit [www.babyhearing.org](http://www.babyhearing.org)

## Your Baby Needs Another Hearing Test



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This brochure was paid for from Montana's HRSA

grant from the Federal Maternal and Child



## Why does my baby need another hearing test?

- Some babies may need another test because:
  - *fluid in the ear*
  - *noise in the testing room*
  - *baby was moving a lot*
  - *baby has hearing loss*
- Most babies who need another test have normal hearing. Some will have hearing loss.

## Why is it important to have another hearing test as soon as possible?

- Testing is the only way to know if a baby has a hearing loss.
- The earlier a hearing loss is found, the better it is for a baby.
- If your baby has a hearing loss, there are many ways we can help your baby.

*Finding hearing loss early can make a big difference in your baby's life.*



## What will happen during my visit?

- A hearing specialist (an audiologist) will test your baby and tell you the results or tell you if more tests are needed.
- The test is safe and painless.
- A few babies will need a more complete set of hearing tests, so you may be asked to bring your baby back.
- If your baby needs more testing, get it done as soon as possible, and by no later than 3 months of age.

## Can a newborn baby pass the hearing test and still have hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of:
  - *some illnesses*
  - *some medicines*
  - *some injuries*
  - *a family history of hearing loss*
- Watch for signs of hearing loss as your baby grows.
- Use the list on the back cover as a guide.
- If you have questions about your baby's hearing, talk to your baby's health professional.

*An appointment has been made for your baby's next hearing test:*

\_\_\_\_\_  
Your Baby's Name

\_\_\_\_\_  
Audiologist's Name

\_\_\_\_\_  
Time and Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Phone Number

*Please call if you need to reschedule.*

Some things a baby with normal hearing should be able to do:

### Birth to 3 Months of Age

- Blinks or jumps when there is a sudden, loud sound
- Quiets or smiles when spoken to
- Makes sounds like "ohh," "ahh"

### 3 to 6 Months of Age

- Looks for sounds with eyes
- Starts babbling ("baba," "mama," "gaga")
- Uses many sounds, squeals, and chuckles

### 6 to 9 Months of Age

- Turns head toward loud sounds
- Understands "no-no" or "bye-bye"
- Babbles, for example "baba," "mama," "gaga"

### 9 to 12 Months of Age

- Repeats simple words and sounds you make
- Correctly uses "mama" or "dada"
- Responds to singing or music
- Points to favorite toys and objects when asked

If you have questions about your baby's hearing or this list, talk with your baby's health professional.

### Where else can I get information?

- Visit [www.babyhearing.org](http://www.babyhearing.org)
- or call (406) 444-1216



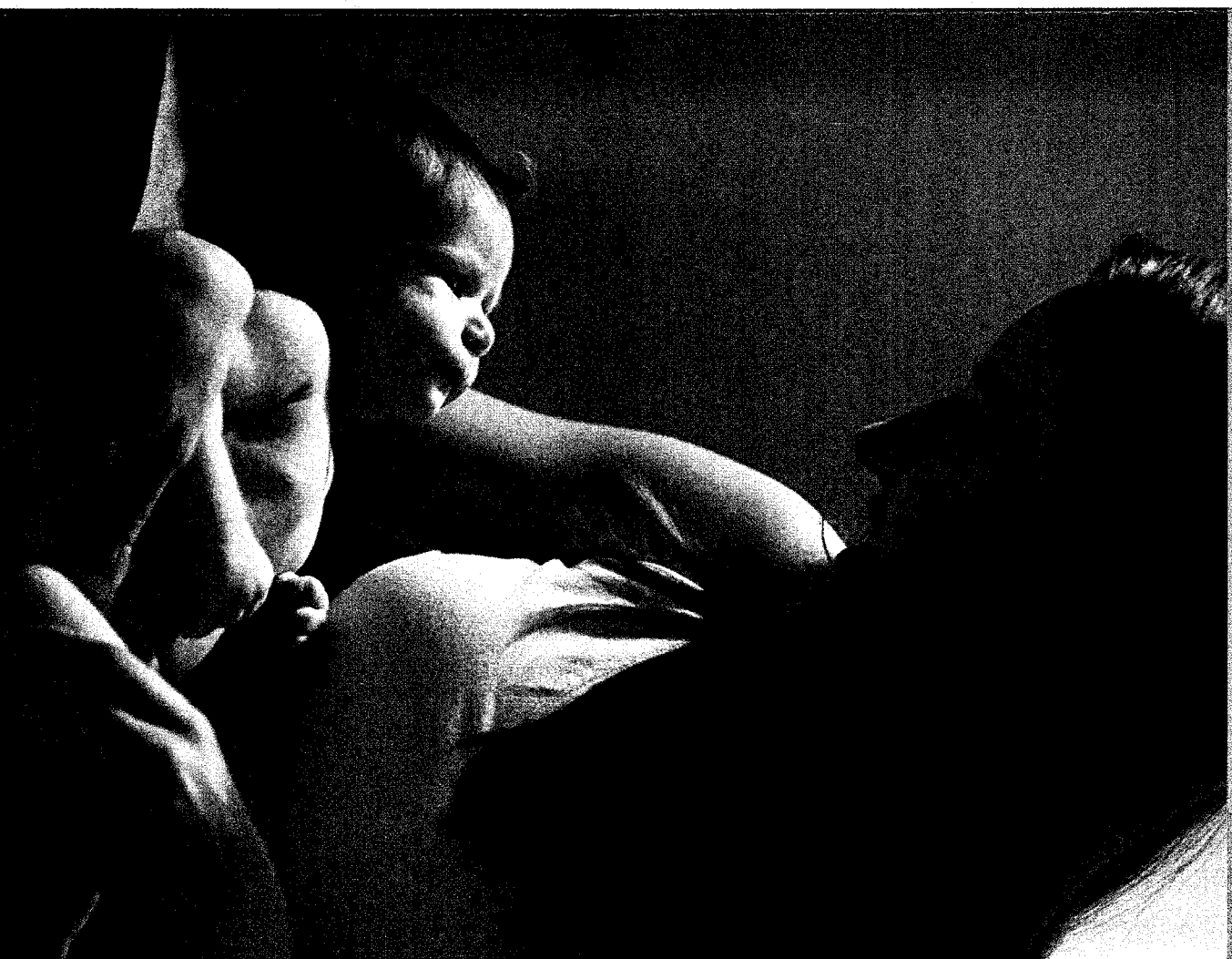
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## Can Your Baby Hear?

### Your Baby's First Hearing Test



## Why should my baby's hearing be tested?

- Most babies can hear well at birth, but a few do not.
- We test all babies to find the ones who may not be able to hear. Testing is the only way to know if a baby has hearing loss.
- It is important to find hearing loss as soon as possible. Babies whose hearing loss is not found early will have a hard time learning.
- If we find hearing loss early, there are many ways we can help your baby.

*Make sure your baby's hearing is tested before you leave the hospital.*

## What should I know about the test?

- The test is safe and painless and can be done in about 10 minutes.
- Most babies sleep through the test.
- You will get the test results before you leave the hospital.
- Be sure to tell the hospital the name of your baby's health professional or clinic so they can send them the results.



## Why do some babies need another hearing test?

- Some babies may need another test because:

*• fluid in the ear*

*• noise in the testing room*

*• baby was moving a lot*

*• baby has hearing loss*

- Most babies who need another test have normal hearing. Some will have hearing loss.

- If your baby does not pass the hearing test, make sure he or she is tested again as soon as possible, and by no later than one month of age.

## Can a newborn baby pass the hearing test and still have hearing loss?

- Yes, some babies hear well enough to pass the first test, but lose their hearing later because of:

*• some illnesses*

*• some medicines*

*• some injuries*

*• a family history of hearing loss*

- Watch for signs of hearing loss as your baby grows.
- Use the list on the back cover as a guide.